



State of Washington

OCT 11 1995

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid \$10.00

Date 10/11/95

OK # 7672

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name AP COLIN A. + SANDRA E. CLARKE Home Tel: (509) 662 - 5536
Mailing Address 2150 SUNRISE CIRCLE Work Tel: (509) 884 - 2494 (5)
City (WENATCHEE) State WA Zip +4 98801 + 1047 FAX: (509) 884 - 0113

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: (____) ____ - ____
Mailing Address _____ Work Tel: (____) ____ - ____
City _____ State _____ Zip +4 _____ + _____ FAX: (____) ____ - ____
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 0.01 (☐ gallons per minute or ☒ cubic feet per second) from a ☒ surface water source or ☒ ground water source (check only one) for the purpose(s) of (single domestic water supply). Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. The Easterly 75 feet of Lot 21, Except the Easterly 12 feet Thereof, Plat of Cedar Brae, Volume 4 of Plats Pg 44.
Estimate a maximum annual quantity to be used in acre-feet per year: 0.50

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From ____ / ____ / ____ to ____ / ____ / ____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc. <u>(unnamed spring)</u>						A permit is desired for _____ well(s).		
Number of diversions: <u>1</u>								
Source flows into (name of body of water): <u>LAKE WENATCHEE (seasonal)</u>						Size & depth of well(s):		
LOCATION <u>2000 ft W and 800 ft N. of the S.E. corner of section 29</u>								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>(SW)</u>	<u>SE</u>	<u>29</u>	<u>27</u>	<u>17E</u>	<u>Chelan</u>	<u>21</u>		<u>Cedar Brae Plat</u>
For Ecology Use Date Received: <u>October 11, 1995</u> Priority Date: <u>October 11, 1995</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>January 10, 1996</u> By <u>gjm</u> Date Returned _____ By _____ WRIA: <u>45</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
Spring is contained and plumbed to serve four neighboring summer cabins. Cistern is located on applicants property 35 feet elevation above (150 feet horizontal) applicants cabin. Cabin would be supplied by gravity pipe. Cedar Bree lots 72 73 and 74 own easement rights and preexisting water rights to the spring. Lot 20 also has been granted a water right but does not have a recorded easement access.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1 Type of connection Recreational Cabin
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
 - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Lot 21 Cedar Brea lies on the North side of Cedar Brae Road (Lake Wenatchee, South Shore) approximately 0.9 miles west of Kahler Glen Golf course. Driveway is marked with sign (15430 South Shore)

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Colin A. Clarke
Applicant (or authorized representative)

10-04-95
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).